

SCHOOL DISTRICT NAME: _____

SCHOOL DISTRICT LEA: _____

ARKANSAS DEPARTMENT OF EDUCATION
CHILD NUTRITION UNIT

**SEVERE NEED BREAKFAST REIMBURSEMENT
DISTRICT DECISION TO OPT OUT FORM
(SY 2019-2020)**

In order to be eligible for severe need reimbursement for the School Breakfast Program, the following criteria must be met:

- (1) The **school** is currently participating in or desires to begin a breakfast program.
- (2) **Forty percent (40%)** or more of the lunches served to students in the **school** in the second preceding school year (2017-2018) were served free or at a reduced price.

Please sign to indicate that the school district wishes to Opt Out of Severe Need Breakfast Reimbursement for any school in the district:

____SCHOOL DISTRICT WANTS TO OPT OUT OF SEVERE NEED PARTICIPATION 2019-2020

Superintendent Signature

Date Signed

Deadline: The deadline for school districts to opt out is **Friday, December 7, 2018**. This form must be signed by either the Superintendent, or the person authorized on Agreement. Signed forms need to be scanned and emailed to ADE.SevereNeed@Arkansas.gov.

More Information:

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